Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column 1)		(Colu	(Column 2)		TYPE		OR	OR SMALL ENTI		
TOTAL CLAIMS							ŀ	RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TC	OTAL CHARGE	ABLE CLAIMS	minus 20=		*			X\$ 9=		OR	X\$18=		
	DEPENDENT CI		minus 3 = *					X43=		OR	X86=		
MU	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=		OR	+290=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			column 2	L	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II							OTHER THAN						
	· .	(Column 1)		(Colun		(Column 3)		SMALL	ENTITY	OR	SMALL E	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		= -		X43=		OR	X86=		
	FIRST PRESE	ENTATION OF MU	JLTIPLE DEF	'ENDENT	CLAIM		J	.145_		1	+290=		
								+145=		OR	+290= TOTAL		
								ADDIT. FEE		OR	ADDIT. FEE		
(Column 1) (Column 2) (Column 3)									<u>-</u>				
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	CL AINA]=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
	,							TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
		-	NDUII. FEE =			40011. I E.C.							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								1	OR ,	TOTAL ADDIT: FEE		
		nber Previously Paid					r foun	nd in the app	ropriate box	in coli	umn 1.		